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PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) PROGRAM: REGIONAL PHEP COORDINATOR WORK PLAN GUIDANCE DOCUMENT

2019-2020: BUDGET PERIOD 1

PREPAREDNESS PROGRAM

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT, BUREAU OF COMMUNITY HEALTH SYSTEMS,
PREPAREDNESS PROGRAM

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*Kansas Department of Health and Environment
Bureau of Community Health Systems, Preparedness Program
2019-2020*

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1. Executive Summary

This guidance document is designed to serve as an implementation guide for the work plan and activity completion requirements for Budget Period 1 for the period of 2019-2020. Under the administrative authority of the *Centers for Disease Control and Prevention (CDC)*, this budget period marks the start of a new project period. This budget period also signals the first year the HPP and PHEP programs are separated fiscally but remain aligned programmatically. New reporting requirements for the PHEP cooperative agreement are not expected to impact the local public health departments during this budget period despite the number of work plan activities presented.

This year's PHEP work plan has a total of nineteen activities. In previous years, several of these activities could be found in the annual or "housekeeping" activities. Many of those activities have been moved from the housekeeping section to their own work plan activities due to changes in reporting requirements. Kansas PHEP will continue to focus on developing community partnerships, expanding networking and continuing to develop support framework within their communities. KDHE will continue to make diligent efforts to help assure that work plan items for local public health departments are within the cooperative agreement requirements and aligned with local public health department activities and emergency management practices. KDHE Preparedness will also review new reporting processes and procedures to reduce the reporting work load on the PHEP administrator.

1.1 General Sub-Awardee Information

The following information is provided to all Preparedness Program participants. Please reference this information as needed:

1. When submitting any documentation, ensure the agency name and a point of contact are included within the body of the email so proper credit is awarded. If submitting information for more than one agency in a single email submission, provide the information noted above for each entity and identify document attachments of which entity they are for.
2. Due dates are set as outlined in the work plans and will not be extended. The established due dates allow the maximum time needed to complete the activity by the sub-awardee and allow KDHE Preparedness Program staff ample time to review and request revisions if necessary.
3. Work plan items completed prior to the designated due dates may be submitted to the KDHE.Preparedness@ks.gov email address. In the email header, please note the work plan item number and task being submitted or indicate specifics in the email. All submitted documents must be dated.
4. The following statement must appear on **ALL** publications that are created or generated by or in relation to this cooperative agreement. This requirement applies to the following: documents, educational materials, deliverables and related supporting information. This also includes within the body of any courses created using preparedness funding. Sign-in sheets are excluded from this requirement. This statement is as follows:

"This publication was supported by the Grant or Cooperative Agreement Number, NU90TP922049, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services."

The reasoning behind this statement is two-fold. The first is the acknowledgement of Federal support:

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipient of Federal research grants, shall clearly state:

- Percentage of the total costs of the program or project which will be financed with Federal money;
- Dollar amount of Federal funds for the project of program; and
- Percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

The second reason is as a disclaimer for conferences and/or meetings, seminar materials, and/or publications:

If a conference, meeting and/or seminar is funded by a grant, cooperative agreement, sub-grant and/or a contract, the recipient must include the following statement on materials, including promotional materials, agenda, and internet sites:

“Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.”

1.2 Sub-Awardee Submission Requirements

Financial Status Reports (FSRs) and Work Plan Progress Reports are due:

- **Quarter 1** (July 1, 2019 – September 30, 2019) – due October 15, 2019,
- **Quarter 2** (October 1, 2019 – December 31, 2019) – due January 15, 2020,
- **Quarter 3** (January 1, 2020 – March 31, 2020) – due April 15, 2020,
- **Quarter 4** (April 1, 2020 – June 30, 2020) – due July 15, 2020.

Note: If the quarterly due date falls on a State of Kansas observed holiday or a weekend (i.e., Saturday or Sunday) the due date will then become the next business day immediately following.

1.3 Financial Status Reports (FSRs) – Reimbursement Requests

Sub-awardees will be required to submit their FSRs in the **Kansas Grant Management System (KGMS)** on or before their respective due dates. **Affidavits of Expenditure (AOEs)** remitted to the KDHE.Preparednes@ks.gov will be returned unapproved and requesting entry as an FSR in KGMS. Please refer to the KGMS User Guides for instruction on how to maneuver through the KGMS System. The KGMS User Guides can be found on the Help button in KGMS. KGMS can be accessed at the following link and requires a User ID and Password to access the system:

<https://khap2.kdhe.state.ks.us/KGMS/Default.aspx?to=0>

If assistance is needed in KGMS, please submit an email to KDHE.ATL@ks.gov. For KGMS technical difficulties, submit an email to Karen Kelley at Karen.Kelley@ks.gov.

Supporting documentation should be included for each item submitted on the FSR (i.e., receipts, invoices, purchase orders, etc.). This documentation should be uploaded into KGMS. (See [section 1.3.1 – Instructions Specific to Submission of the Financial Supporting Documentation](#) below for some helpful tips and instructions). Expenses listed in the FSR must either be a budgeted item or have prior approval from the KDHE Preparedness Program.

Once the FSR has been entered and the supporting documentation uploaded in KGMS, KDHE will begin a review. To facilitate a swift review, you should send an email to KDHE.Preparedness@ks.gov indicating that the FSR and supporting documentation have been remitted.

Preparedness Program staff will review the FSRs to ensure items and or services remitted on the FSR is allowable using Public Health Emergency Preparedness (PHEP) funds. KDHE Fiscal Management will review and verify funding is being utilized as allocated. Payments will be made after Preparedness Program staff verify the quarterly work plan progress report and deliverables have been submitted to KDHE.Preparedness@ks.gov. Payments will be made by either electronic funds transfer (EFT) or a paper check (via mail) once all progress reports and deliverables have been approved.

A FSR is required quarterly even if there are no items and/or services for which reimbursement is requested. In this situation a zeroed out FSR should be remitted. If you fail to remit a quarterly FSR in KGMS, the following quarter FSR will not be generated within the system. For example, if a Quarter 1 FSR is remitted and no Quarter 2 FSR is remitted, KGMS will continue to generate a Quarter 2 FSR; no Quarter 3 FSR will be generated until the Quarter 2 FSR has been approved by KDHE. FSRs must be remitted in chronological order in KGMS. If funding has been exhausted before the fourth reporting quarter, sub-awardees must still submit FSRs each reporting period even if the fields are zero. The expenditures reported on the FSRs need to total to the final allocated award amount by the end of the fourth quarter. All expenditures must be incurred within the budget period and by no later than **June 30, 2020** of the budget period.

- **Example 1. Spending award balance:** Total award amount is \$10,000.00. Quarter 1 FSR expenditure is \$2,500.00; Quarter 2 FSR expenditure is \$2,500.00; Quarter 3 FSR expenditure is \$3,000.00; and Quarter 4 FSR expenditure is \$2,000.00. This totals the award amount, which will zero the award amount balance.
- **Example 2. Underspending award:** Total award amount is \$10,000.00. Quarter 1 FSR expenditure is \$2,500.00; Quarter 2 FSR expenditure is \$2,000.00; Quarter 3 FSR expenditure is \$2,000.00; and Quarter 4 FSR expenditure is \$2,000.00. This does not total the award amount. If the local health department received more funding than expenditures, the local health department will be required to return the difference.
- **Example 3. Overspending award:** Total award amount is \$10,000.00. Quarter 1 FSR expenditure is \$2,500.00; Quarter 2 FSR expenditure is \$5,000.00; Quarter 3 FSR expenditure is \$1,500.00; and Quarter 4 FSR expenditure is \$2,000.00. This exceeds the total award amount, and KDHE Preparedness Program will only make payment up to the award amount. Therefore, in this situation the \$1,000.00 overage will not be reimbursed, even if the expenditure is an approved PHEP-funded item.

The KDHE Preparedness Program wants sub-awardees to spend the total award amount on approved PHEP funded services and/or items.

1.3.1 Instructions Specific to Submission of the Financial Supporting Documentation

For the financial supporting documentation, please do the following:

1. Please ensure that all expenditures for the quarter are listed correctly on the FSR.

2. Please ensure that the proper abbreviations are used that clearly indicate what is being paid by PHEP. Do not utilize codes (i.e., 12345, EM501, etc.), as this requires Preparedness Program staff to figure out what the codes mean and therefore slows down the approval process.
3. If the entire amount shown on the documentation is being paid by PHEP funds, please indicate this on the receipt, invoice, purchase order, etc. Otherwise indicate the amount to be paid by PHEP and each other payer.
 - **Example:** The invoice is for Internet Services and the total bill is \$600.00, but PHEP is only paying a portion. Indicate on the invoice how much each funding source will be paying (e.g. - \$300.00 = PHEP, \$200.00 = MCH, and \$100.00 = Immunization).
4. Please ensure that each of the FSR expenditures and accompanying receipts, invoices, purchase orders, etc. add up correctly.
 - **Example:** The FSR indicates a total of \$500.00 spent on office supplies. Accompanying receipts, invoices, purchase orders, etc. need to total to \$500.00.
5. **DO NOT** submit supporting documentation that is not listed on the quarterly FSR being remitted.

1.4 Budgetary Information

The local public health departments will receive notification from KGMS when to submit an application and preliminary budget. This normally occurs in January or February of each year. The local public health departments will receive a final allocation award amount and will be required to update their budgets in KGMS within 30 days after the notification of the allocation of the final award amount.

All changes to the approved FY2020 budget ***must be approved*** by KDHE Preparedness Program staff ***before*** the expenditure can be made. To approve a change, KDHE Preparedness Program will need the following information:

1. A description of the expense;
2. The amount of the expenditure and what percentage of change was made to the total budget;
3. The justification for the expenditure (must be tied to a capability or multiple capabilities and a work plan activity or multiple work plan activities); and
4. Projected date of the expenditure (trainings and equipment).

Budgetary ***changes of 25% or greater***, or the addition of any new activity to a sub-awardee budget, will require the submission of a complete revised budget. This requirement includes trainings, equipment purchasing, and activities associated with the contracted work plan. Please contact KDHE Preparedness for complete instructions for re-submitting a new budget.

Example 1: The sub-awardee wants to employ a contractor to assist with unforeseen services. The current submitted budget did not include any contracted services.

- **Submit a revised budget** - The sub-awardee would need to submit a revised budget because the activity was not in the original budget.

Example 2: The budget included training for three (3) staff members. The location for the training was changed, and the sub-awardee now needs four (4) staff members to attend instead of three (3).

- **No need to submit a revised budget** - The sub-awardee does not need to submit a revised budget because the activity was included in the original budget.

If the accumulative change to the budget remains **under 25%**, a budget revision is not required. Please submit the **Supporting Budget Form** for any changes to the budget. Any changes to budgets **must be** submitted to KDHE.Preparedness@ks.gov as soon as the change is known, but not less than two (2) weeks in advance. Note that some authorizations may take longer to obtain.

All work plan progress reports and all reporting deliverables are to be submitted via email to KDHE.Preparedness@ks.gov. All PHEP resources and resource documents can be located on the KDHE Preparedness Program website at: http://www.kdheks.gov/cphp/lhd_resources.htm.

Below is a list of allowable and unallowable expenses. Please refer to this list to determine if the item you wish to purchase is an allowable or unallowable expense. If the item is not on this list, please submit an email to KDHE.Preparedness@ks.gov.

PHEP Allowable and Unallowable Expenses

Allowable

1. Recipients may use funds only for reasonable program purposes, including:
 - a. Personnel
 - b. Travel
 - i. Conference registrations need to be included in the “*Other*” category. All other conference travel expenses need to be placed in the “*Travel*” category.
 - c. Supplies
 - d. Services
2. Purchase caches of antiviral drugs to help ensure rapid distribution of medical countermeasures.
3. PHEP awardees can (*with prior approval*) use funds to purchase industrial or warehouse-use equipment.
 - a. Vehicles must be of a type not licensed to travel on public roads.

Unallowable

1. None of the funds awarded to these programs may be used to pay the salary of an individual at a rate more than Executive Level II or \$189,600 per year.
2. Recipients cannot use funds for the following:
 - a. Fundraising activities or lobbying.
 - b. Funds for research.
 - c. Funds for construction or major renovations.
 - d. Funds for clinical care.
 - e. Funds for reimbursement of pre-award costs.
 - f. Funds for response activities.
3. Recipients may supplement, but not supplant, existing state or federal funds for activities described in the budget.
4. The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
5. Payment or reimbursement of backfilling cost for staff, including healthcare personnel for exercises, is not allowed.
6. PHEP awardees cannot use funds to purchase vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts.

7. Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
8. Local health departments cannot use PHEP funds to send individuals to or support conference travel (including registrations) for persons not employed by their local health department.

1.5 Sub-Awardee Meals, Travel, and Lodging Information

Preparedness funds may be utilized to support travel for sub-awardee work plan related activities. To assure consistency, KDHE will provide reimbursement for hotels and per diem for overnight travel consistent with applicable GSA rates for the destination. Maximum lodging and per diem rates can be located at <https://www.gsa.gov>. All travel, departure and arrival times will be required for per diem calculation. Mileage will be reimbursed at the current rate of 58 cents per mile. All travel must be associated with a work plan activity approved by the KDHE Preparedness Program prior to the travel dates.

Single day meal allowance, based on State rules, must meet the following criteria:

1. The travel is supported by an associated work plan activity and the individual's work day is extended for three (3) hours or more beyond the normal work day.
2. A distance greater than 50 miles will trigger the need for an overnight stay.
3. The destination of travel must be 30 or more miles away from the individual's work station.
4. Mileage will be reimbursed at the current mileage rates.

Reimbursement % of daily per diem		
Breakfast	12:00 am to 11:00 am	15%
Lunch	11:01 am to 4:00 pm	35%
Dinner	4:01 pm to 11:59 pm	50%

Table 1

Hotel rates and travel rates can be referenced at <https://www.gsa.gov/travel/plan-book/per-diem-rates>. In all cases, hotel pricing should be completed using this GSA resource first. If a hotel local to the location of travel destination is not available at the GSA rate, the maximum lodging allowed for the traveler is reimbursed for single occupancy only and must be pre-approved by KDHE Preparedness.

If pre-approval is not obtained, reimbursement will only be made at the GSA rate, if the travel is an approved PHEP reimbursement. There is no allowance for tips included within this rate. Taxes associated with lodging shall be reimbursed in addition to the established lodging expense limitation:

Standard Lodging Rates after GSA	
Standard Daily Lodging Rate	By location
Conference Lodging qualified under K.A.R. 1-16-18a*	Actual

*Actual conference lodging may be paid without limit if approved by KDHE in advance of the need.

Table 2

**Actual conference lodging may be paid without limit if approved by KDHE in advance of the need. Non-refundable and/or non-transferrable cancellations will not be reimbursed. Therefore, it is encouraged to assure that charges will not be accrued in the event of a cancellation, that the cancellation is performed in time to avoid charges or have a back-up individual to fill the place of the cancelling individual.*

1.6 Training

KDHE recently updated the design and layout of the *Multi-Year Training and Exercise Plan* (MYTEP) based on the new cooperative agreement and the need to better communicate all training and exercises conducted utilizing both HPP and PHEP award resources. In the future, KDHE will need to include region level training plans in the MYTEP. It is important that training is tracked so that knowledge gaps statewide can be assessed. Tracking should include formal and informal training. The goal is to capture training and knowledge gaps that are addressed. Training should always be aligned to capabilities so KDHE can identify strengths and areas of needed improvement statewide to design future trainings and exercises.

In order to better track trainings that are conducted by the local public health departments, PHEP and CRI Regional level, *Kansas Online Learning Management System, Kansas Trainingfinder Realtime Integrated Network* (KS-TRAIN) should be utilized. KS-TRAIN is the primary registration platform for all trainings and exercises financed with Preparedness funds.

For the purposes of this cooperative agreement, “*training*” or “*trainings*” will be defined as follows:

*“[sic] an organized activity aimed at imparting information and/or instructions to improve the recipient’s performance or to help him or her to attain a required level of knowledge or skill.” ***

Please note that KDEM courses need to be approved through KDEM. The normal expenditure approval process will still need to be followed if Preparedness monies are utilized.

1.6.1 Reporting- Formal Training and Informative Presentations Intended to Train

Course information should be provided to KDHE.Preparedness@ks.gov via the normal reporting process.

The following information needs to be included when reporting:

1. Attendee sign-in sheets – should be separate from meeting sign-in sheets and include attendee’s role and organization.
2. Course information- title, description, capabilities addressed, and type of personnel to be trained.
3. Finalized expenditure report and outcomes of training (course specific).

1.7 Exercise Reporting Requirements

All exercises can be submitted, regardless of exercise type. *Homeland Security Exercise Evaluation Program* (HSEEP) standard formatting must be used and will need to correctly exercise the appropriate capabilities that have been identified for this budget period to receive credit.

Compliance requirements:

1. All exercises, regardless of type, need to be conducted by **May 31, 2020**.
2. All exercises must include accommodations for at-risk populations. Please list the populations included. Feel free to provide more information on how you accommodated the population(s).
3. Information provided on AAR/IP must reflect PHEP capabilities and contain objectives that clearly test the capabilities.

4. All exercises are to be reviewed by the Regional PHEP Coordinator prior to submission to KDHE Preparedness. LHD must submit the AAR/IP to the coordinator within **60 days** of the exercise to allow time to review and make corrections if needed.
5. All exercise AAR/IPs and related appendices need to be submitted to KDHE Preparedness by the local health department within **90 days** of completion, but no later than **June 1, 2020**. This is to ensure that time is given to conduct a final review and remit back to the public health department if there are corrections or clarifications that need to be addressed.
6. **Statewide exercise**: This exercise can be used to meet the **Work Plan #12 requirement**: Participate in at least one **annual** exercise at the local- or regional-level. KDHE will prep an AAR for distribution. All public health departments will complete the distributed AAR and complete the Improvement Plan exclusive to their department's gaps and corrective steps needed. All public health departments will have **15 business days** after the date of the exercise to submit their AAR/IP and any other related documentation to KDHE Preparedness.

1.8 Compliance Statement

With only some minor modifications from the previous budget period, the KDHE Preparedness Program's monitoring program, the **Kansas Preparedness Cooperative Agreement Compliance Program (KSPCACCP)**, is the current compliance monitoring process being used by KDHE Preparedness. This process is now referred to as the **Compliance in Real Time** model, a proactive process that is a modified carry-over from the final budget period of the previous project period.

Changes to be implemented during this budget period were tested last budget period in a limited capacity. KDHE Preparedness Compliance will review all submitted work plan documentation, benchmark deliverables, and additional supporting documentation to gauge programmatic compliance and activity completion progress. However, only 25% of the reviewed agencies will receive notification of being audited every quarter. The Compliance Coordinator will notify the administrators of the audited local public health departments of any findings discovered during these reviews, outlining the nature of the finding, explaining what action is needed to correct the finding, and the date the action needs to be completed and then validated by KDHE Preparedness Compliance. Administrators will also be notified if no findings were discovered during their audit.

Additionally, to help streamline some of the reporting requirement, KDHE Preparedness Compliance will permit Statements of Attestment from the local health department administrators for certain work plan activities. An approved template will be provided to the local public health department administrators.

KDHE Preparedness has been advised by the CDC that it is important that all work plan activities, regardless of their type, need to be completed on or before the assigned deadlines. It is imperative that any challenges or obstacles that will impede completion of these work plan activities, projected or otherwise, need to be addressed with KDHE Preparedness as soon as possible - staff cannot address a challenge if they are unaware there is a challenge in the first place. KDHE Preparedness will work with the local public health departments to find viable solutions to those challenges. Please do not hesitate to contact KDHE Preparedness at KDHE.Preparedness@ks.gov.

1.9 HCC Contact Information

The following Health Care Coalition (HCC) Coordinators represent the seven HCCs within the state:

Kansas City Metro Healthcare Coalition	Danielle Marten	danielle.marten@hotmail.com
North Central Healthcare Coalition	Tami Wood	hpconsultants7@gmail.com
Northeast Healthcare Coalition	Danielle Marten	danielle.marten@hotmail.com
Northwest Healthcare Coalition	Tami Wood	hpconsultants7@gmail.com
South Central Healthcare Coalition	Danielle Marten	danielle.marten@hotmail.com
Southeast Healthcare Coalition	Fred Rinne	sekhcc@twinmounds.com
South West Kansas Health Care Coalition (SHERT)	Fred Rinne	sekhcc@twinmounds.com

Table 3

1.10 Regional PHEP Contact Information

The following Regional PHEP Coordinators represent the fifteen public health regions within the state:

Central Kansas Region	VACANT	
East Central Kansas Public Health Coalition	Carl Lee	clee@coffeycountyks.org
Kansas City Area Coalition 15	Stephen Maheux, MPH	stephen.maheux@jocogov.org
Kansas South-Central Metro	Thomas Langer	tlanger@cowleycounty.org
Lower 8 of Southeast Kansas	Lee Miller	ltkamiller@gmail.com
North Central Kansas Public Health Initiative	Lacey Miller	Burks809@gmail.com
North West Bioterrorism Region	Karla Heble, BSN, RN Michelle Billips, RN Emily Strange, RN	karlah@rawlinscounty.org mbillips@grahamcountyhealth.com estrange@thomascountyks.org
Northeast Corner Regional Initiative	Ester Todd (interim)	ester.todd@sncu.us
South Central Coalition	Virginia Downing	coats1960@gmail.com
Southeast Kansas Multi-county (SEKMC)	Rebecca Johnson, RN (interim)	becky@sekmchd.com
Southwest Kansas Health Initiative	Richard Everett	richard@swkhi.org
Southwest Surveillance	Virginia Downing	coats1960@gmail.com
West Central Public Health Initiative	Cindy Mullen	cmullen@wcphi.onmicrosoft.com
Western Pyramid Public Health Region	Richard Everett	richard@swkhi.org
Wildcat Region	Andrew Adams	aadams@rileycountyks.gov

Table 4

1.11 Budget Period Insights

This year marks the first budget period of a new project period. The CDC has released several resources that outline the new direction the PHEP Program is taking over the next 5 years. These resources include the new FOA, a revised version of the PHEP Performance Measures, and a few supporting documents that will further explain how the various work plan activities contribute towards a local public health department's preparedness progress. The Regional PHEP Coordinators will ensure the continued involvement of the local public health departments of their regions with the healthcare coalitions and their work plan activities.

While the PHEP Program and the HPP portions of the cooperative agreement have separate application processes, the two programs remain actively aligned to each other. In the instances where the health departments are required to collaborate with their local HCC, the Regional PHEP Coordinators will be tasked with assisting them and the HCC Response and Readiness Coordinator (CRRC) in completing these activities.

This guidance document is specific for Regional PHEP Coordinators and outlines KDHE Preparedness expectations for the budget period. A listing of resources can be found at the end of this document, and more guidance will be made available as it becomes available from the CDC.

1.12 Carry-over Activities

At this time, there will be no carry over activities stemming from the previous budget period and project period. However, the Regional PHEP Coordinators may be called upon to assist with the collection of related additional information that supports the work plan activities of the previous budget period. This information will be used to develop the responses for the *Annual Progress Report (APR)*, the *End of the Budget Period Report*, the *End of the Project Period Report*, and the *Capability Progress Guides (CPGs)* for PHEP. These reports, as well as several tie-in reports (programmatic and fiscal), are used by the federal partners of KDHE Preparedness to assess the state's overall PHEP preparedness progress. The more information the creators of these reports have, the easier it will be to provide that level of support on the state's progress.

2. Regional PHEP Coordinator Work Plan Guidance

The work plan for this budget period contains familiar and new activities to complete. The state PHEP program goals for the next project period are for the public health system to develop strategies and activities to improve and then expand readiness at the local, state, and national levels. This will lead to a reduction of the impact of identified threats to public health and safety during emergency situations. There is also the underlying emphasis of working to improve to exceed the day-to-day capacity and capabilities of the public health response systems in Kansas. This development process will include a new three phase model, which can be found in detail in the new FOA, *2019-20 Public Health Emergency Preparedness (PHEP) Cooperative Agreement (CDC-RFA-TP19-1901)*. Additionally, further resources are available in *Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health*, October 2018. Coupled with this guidance document, these sources will assist the administrator with the execution of the contracted work plan. More supplemental information may become available during the first quarter of the first budget period. (Please refer to the *Reference appendix* for details).

2.1 Work Plan Overview

Activity 1

Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will:

- A. Assist local health department staff in the development, review, and updating of all local plans*
- B. Provide general technical assistance and training to local health departments*
- C. Work with local health departments and KDHE staff to identify training gaps at the local level*
- D. Provide suggestions and/or feedback to KDHE regarding local priorities, issues, etc.*

Note: All TA visits/assistance must be recorded on the *KDHE Technical Assistance/Visit (TA/V) Report Template* and submitted with the work plan on a quarterly basis. If technical assistance was not provided during the quarter, a report stating “**No assistance provided**” must be submitted with the quarterly reporting.

Justification

As with previous years, the Regional PHEP Coordinator remains responsible for facilitating meetings, setting up reviews for local plans, helping the local health departments identify training gaps and challenges that would be unique to each department, and acting as one of the primary sources of feedback to KDHE Preparedness. This role has not changed, nor has the method for tracking each coordinator’s level of engagement on a quarterly basis.

This activity will be reported on the *KDHE Technical Assistance/Visit (TA/V) Report* template which will be provided by KDHE Preparedness. Per the instructions of the work plan activity and for the TA/V, the Regional PHEP Coordinators will need to provide an accurate record of the assistance they have rendered during the quarter.

Output

1. Regional PHEP Coordinators will provide to KDHE Preparedness updated *Technical Assistance/Visit (TA/V)* report templates with each quarterly update.

Compliance requirements

1. All TA/V templates need to be provided to KDHE Preparedness with each quarterly reporting. The more information provided, the better performance picture KDHE Preparedness and the state’s federal partners will have regarding programmatic progress.
2. If the coordinator did not provide any assistance during the quarter, a report stating “**No assistance required**” needs to be included with the quarterly reporting to be compliant with this contracted work plan activity. It is strongly recommended that this report be on the *KDHE TA Visit Report* as a single-entry report.

Activity 2

Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will:

- A. Convene, at a minimum, quarterly meetings of all the local health departments within the region and maintain minutes of the meetings and attendee lists using the *KDHE Meeting Report Form* (or a format containing the same information). (Capability 1: Community Preparedness)
- Meetings must be set up in KS-Train at least **30 days prior** to the scheduled date so that the required registration requirement can be met.
 - Within **10 business days**, following the date of the meeting, a draft of the meeting minutes must be provided to all members and KDHE.
 - Retain a copy of all meeting minutes for **five years**.

Note- provide the KS-TRAIN course number and include KDHE on all of the draft minutes emails. KDHE must be notified of any changes to meetings dates or formats as they occur.

Justification

This work plan activity remains unchanged from the previous budget period. Quarterly meetings will still need to be conducted by the regional membership. To assist the Regional PHEP Coordinators with their reporting burden, KDHE Preparedness has made changes to the reporting requirements. While the meetings are still required to be set up at least 30 days prior to the meeting, coordinators now have 10 business days to provide the draft meeting minutes to the regional members rather than the 7 days outlined in previous budget periods.

Outputs

1. All regional PHEP meetings are required to be set up **30 days** prior to the scheduled date. This stipulation will continue to satisfy the registration requirement. Meeting date or format changes will require KDHE Preparedness notification ahead of time.
2. The coordinator has **10 business days** following the date of the meeting to submit draft meeting minutes to the regional membership.

Compliance requirements

1. The Regional PHEP Coordinator shall ensure that KDHE Preparedness is included on all draft email traffic between the coordinator and members. As a compliance requirement, this allows KDHE Preparedness to monitor the regions without requiring a second email confirmation of this activity.
2. The Regional PHEP Coordinator will need to ensure the draft minutes are provided to the members no later than **10 business days** after then meeting date. Minutes provided after this window will require a statement of lateness to Compliance.
3. To remain compliant with required annual housekeeping activities found at the end of the section, all records of the meetings (meeting agenda, draft meeting minutes, final minutes, etc.) need to be retained by the coordinator for **no less than 5 years**.

Activity 3

Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will attend in person or virtually a healthcare coalition meeting(s) at least quarterly. Regional Coordinators, or designated subject matter expert(s) for regions without a coordinator, whose region supports multiple HCCs, must attend each HCC meeting within their region (be it in person or virtually), or send a representative.

Participation will be validated through coalition meeting sign-in sheets provided to KDHE by the Healthcare Coalition Coordinator. (Capability 1: Community Preparedness)

Note: Register for the Meeting on KS-Train

Justification

Activity 3 explains the coordinator's requirement to attend all Health Care Coalition (HCC) meetings that will occur throughout the budget period. The Regional PHEP Coordinator is also permitted to act as either a designee or a proxy of one or more health departments within that public health region. As stated, should there be more than one coalition within the region's boundaries, the Regional PHEP Coordinator will need to attend, either in person or virtually, both to receive the proper credit for completion. Validation will be made through

the provided sign-in sheets that will be provided by either the HCC Coordinator or the Regional PHEP Coordinator.

Outputs

1. The Regional PHEP Coordinator will attend all appropriate HCC meetings, at least one quarterly, to provide coalition information back to PHEP region to maintain proper regional awareness.

Compliance requirements

1. The Regional PHEP Coordinator will need to attend at least one HCC meeting quarterly. In the case of the PHEP region being in more than one coalition area, the Regional PHEP Coordinator will need to attend at least one meeting per quarter for that coalition.
2. The Regional PHEP Coordinator will ensure that they register on KS-TRAIN to remain compliant with the registration requirement.
3. The Regional PHEP Coordinator will need to provide sign-in sheets quarterly to provide validation of attendance.

Activity 4

Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will ensure that each HCC Coordinator has up to date email addresses for each member of your PHEP Region so that the HCC Coordinator can include them in the email distribution list for the HCC meeting minutes.

Justification

This activity ensures the membership of the PHEP region has the most up-to-date contact information available. The format for this contact roster can be at the coordinator's discretion, but should include name, agency and current email address. It is recommended that this activity be completed within the first quarter of the budget period and then shared with KDHE Preparedness, which will validate that this activity was completed and gives all levels of the public health spectrum updated contact information. Updates to this list should be made periodically based on changes within the region's public health departments and then shared accordingly.

Outputs

1. The Regional PHEP Coordinator will provide to the ***Health Care Coalition Readiness and Response Coordinator (CRRC)*** an updated email contact listing for the points of contact within their local public health departments periodically during the budget period.

Compliance requirements

1. The Regional PHEP Coordinator will need to provide a template to the region members that they can update and return to the coordinator.
2. Regional PHEP Coordinator will share these updates with KDHE Preparedness when the Regional PHEP Coordinator provides this update to the CRRC. Regional PHEP Coordinators will then update the CRRC and KDHE Preparedness as needed.

Activity 5

On **January 28, 2020**, Regional Coordinators or designated subject matter expert(s) for regions without a coordinator must attend the annual ***Training and Exercise Planning Workshop*** to update the KDHE Multi-Year Training and Exercise Plan (MYTEP) for inclusion in the Grant Application for the upcoming budget period.

Justification

The MYTEP for this year has been scheduled for **January 28, 2020**, so KDHE Preparedness and the various PHEP partners can plan training for the following budget period. All Regional PHEP Coordinators are required to attend this event and need to plan accordingly. This event will be conducted at KDHE in Topeka. Attendance will be validated with sign-in sheets. This will be the opportunity for the Regional PHEP Coordinators to speak with the KDHE Preparedness staff regarding training opportunities, training plans, and received updated exercise information.

This meeting will be developed by the Training Coordinator and the Exercise Coordinator and has been scheduled for January. Regional PHEP Coordinators are instructed to sign up for this course on KS-TRAIN using course number 1085545.

Output

1. Regional PHEP Coordinator will attend the TEPW that is scheduled for **January 28, 2020**, at KS-TRAIN course number **1085545**.
2. The Regional PHEP Coordinator will provide planning inputs for the following budget period.

Compliance requirements

1. The Regional PHEP Coordinator must attend this event to be compliant with this work plan activity.
2. The coordinators will need to ensure that they sign up for this meeting on KS-Train (**Course #1085545**) to receive full credit for attending this event.
3. Regional PHEP Coordinators must have their training and exercise discussions and their gap analysis completed prior to attending so training planning can be completed correctly.

Activity 6

Dates TBD, Regional Coordinators or designated subject matter expert(s) for regions without a coordinator must attend the quarterly Preparedness Regional Coordinator Training. Two (2) of the meetings will be located in Salina, KS and the other two virtual meetings. KDHE Preparedness will have further meetings with the coordinator telephonically as needed.

Justification

This activity ensures that KDHE Preparedness and the PHEP regions are properly aligned in their work plan objectives, conduct any training that the coordinators might need, create opportunities of the state to provide technical assistance on work plan items, and to provide any critical information the coordinators will need to take back to their regions. The Regional PHEP Coordinators will need to ensure they are registered for each event once they are available on KS-TRAIN.

Output

1. The Regional PHEP Coordinators will need to attend the quarterly coordinator meetings. Two will be conducted in-person in Salina and two will be presented virtually.

Compliance requirements

1. KDHE Preparedness will review the sign-in sheets from these meetings to validate the Regional PHEP Coordinator's attendance.
2. The Regional PHEP Coordinator will need to ensure that they sign up for these events on KS-TRAIN once they are announced.

Activity 7

*Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will participate in at least one **annual** exercise (e.g., FSE) as a facilitator, player, or evaluator no later than **May 31, 2020**. Serving in an observer role **does not** meet the participation requirement. (Capability 3: Emergency Operations Coordination)*

Justification

This work plan activity is a carry-over from the previous budget period. It was initially designed to incorporate the Regional PHEP Coordinators into a role for one of the available exercises that are conducted throughout the budget period. This activity has evolved into a way to have the Regional PHEP Coordinators actively involved in the exercise process across the state. As in the previous budget period, the exercise will not count if the Regional PHEP Coordinator is an observer.

Output

1. The Regional PHEP Coordinators will participate as either a facilitator, player, or evaluator for one exercise during the budget period.

Compliance requirements

1. The coordinator will need to provide validation of attending an exercise either as a facilitator, player, or evaluator. Confirmation of this activity can be validated by providing the sign-in sheets from the attended exercise.
2. Exercises that the Regional PHEP Coordinator participates in as an observer will not count as participating in the exercise.
3. The coordinator will need to complete this requirement on or before **May 31, 2020**.

Activity 8

Regional Coordinators or designated subject matter expert(s) for regions without a coordinator, will review Local Health Department AAR/IP's to ensure the inclusion of specific exercise roles/responsibilities and improvement plan goals as outlined for each individual Health Department and that each capability tested outlines at least one strength and one area for improvement prior to submission to KDHE Preparedness Exercise Coordinator. Technical Assistance will be provided as needed.

- *Include KDHE Exercise Coordinator on all email correspondence related to comments and/or concerns provided in regard to the AAR/IP.*
- *Upon completion of the review, return the AAR/IP to the respective local health department for edits, if necessary, and for submission to KDHE by the local health department.*

Note: *Contact the KDHE Exercise Coordinator to request approval of a designee to review AAR/IP's other than the Regional Coordinator or designated subject matter expert.*

Note: *Record date(s) AAR/IP received, reviewed and returned to LHD on the TA form. If applicable, notate type of technical assistance provided.*

Justification

This work plan activity continues the previous budget period's practice of bringing the Regional PHEP Coordinator into the approval chain for the local public health department exercise AAR/IPs. It is designed to not only allow the coordinator the opportunity to assist their health department administrators in developing the AAR/IPs, it also permits the Regional PHEP Coordinator this "**first look**" phase, allowing the Regional PHEP Coordinator the ability to exercise some authority that should remain aligned with KDHE Preparedness's policies and procedures. This will help the Regional PHEP Coordinator improve their review skills and enable KDHE Preparedness to help expedite the AAR/IPs through final review and approval phases in less time.

Output

1. The Regional PHEP Coordinators will provide reviews on the KDHE AAR/IP Checklist for Regional Review for each AAR/IP presented for review.

Compliance requirements

1. The Regional PHEP Coordinator will return the reviewed AAR/IP with comments back to the originating department for changes or corrections (if applicable) so the originating local public health department.
2. The Regional PHEP Coordinator will submit the completed Regional Coordinator Checklist to KDHE Preparedness when it returned to the originating local public health department.
3. Prior approval needs to be obtained from the KDHE Exercise Coordinator for a designee (someone other than the Regional PHEP Coordinator) to review a region's AAR/IPs.
4. All AAR/IP reviews will be documented on the Regional PHEP Coordinator's TA/V form. Notations need to be made identifying the type of assistance rendered. These are then provided to KDHE Preparedness on a quarterly basis.

Activity 9

By Regional Coordinators or designated subject matter expert(s) for regions without a coordinator, will assist the KDHE Preparedness Training Coordinator in the development, promotion, and execution of training opportunities during the budget period.

Justification

KDHE Preparedness has created this work plan activity, which is intended to include the Regional PHEP Coordinators in the development of various training opportunities within their regions. The Regional

PHEP Coordinators will be requested to assist with securing training locations in addition to promoting training opportunities within their regions. Additionally, KDHE Preparedness will request their input regarding specific gaps and challenges that will impact their regions.

Output

1. The Regional PHEP Coordinators will assist KDHE Preparedness Training Coordinator with the development, promotion, and execution of training opportunities in their regions.

Compliance requirements

1. Training assistance will need to be documented on the coordinator's TA/V form. Notations need to be made identifying the type of assistance rendered. These are then provided to KDHE Preparedness on a quarterly basis.

Activity 10

Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will:

- A. *Maintain accurate information for a 24/7 calling tree and an updated Activation Protocol, which describes who will be called and the events that will trigger activation levels for the region. (Capability 3: Emergency Operations Coordination)*
- B. *Attend or monitor minutes of the regional Homeland Security Council meetings. Pass along all pertinent information for situation awareness. (Capability 1: Community Preparedness)*

Justification

This activity was originally part of the annual “**housekeeping**” listing of activities from previous budget periods. This activity, in concert with **Work Plan Activity 4**, serve to ensure that the various internal PHEP and external community partners can contact the region members when the need arises. While Work Plan Activity 4 deals with the Regional PHEP Coordinator sharing contact information with the coalitions, this activity serves to ensure proper communications and contact information within the region. The Regional PHEP Coordinators may use whatever calling tree format they desire, if the Activation Protocols are updated and available to the regional local public health department.

There is a second function that is related to the larger overall regional security picture provided via the regional Homeland Security Council meetings. The Regional PHEP Coordinators are instructed to be certain that this information is shared with the region's local public health department. The Regional PHEP Coordinator will ensure that this shared information is also outlined in the meeting minutes.

Output

1. The Regional PHEP Coordinator will need to periodically update the PHEP region's calling tree and ensure the regional Activation Protocols are current during the budget period.
2. The Regional PHEP Coordinator will share the information from the Regional Homeland Security Council meetings with their region PHEP members.

Compliance requirements

1. The Regional PHEP Coordinator will notate on the work plan the date the calling tree was updated. This information will be provided on the appropriate quarterly update.
2. The Regional PHEP Coordinator will notate the date the Activation Protocols were reviewed and updated on the work plan. This information will be provided with the quarterly updates.
3. The Regional PHEP Coordinator will ensure that the regional Homeland Security Council meeting overview are placed in the meeting minutes. These dates will also be notated on the work plan quarterly.

Administrative Requirements

1. *Document through job descriptions and employee time and attendance records that all staff members paid with preparedness funds are performing activities related to preparedness.*
2. *Retain copies or transcripts of all certificates/proof of attendance for trainings completed during the entire project period for at least 5 years.*
3. *Have available signed shared resource agreements.*
4. *Items purchased with Preparedness funds (non-office supplies) must be entered into CRMCS. The information entered has to include the location of the item and who the responsible contact person is for deployment.*
5. *Regional Coordinators will provide to KDHE Preparedness information pertaining to the Performance Measures, Benchmark Requirements and/or any other requested information as related to the BP1 Hospital Preparedness Program-Public Health Emergency Preparedness Cooperative Agreement.*
6. *Retain copies of expenditure reports, including invoices for each capital equipment purchase, for a period of at least five years. Capital equipment includes purchases of \$5,000 and above and/or with a lifespan of greater than a year.*

Justification

These work plan items represent the various annual or “*housekeeping*” activities that each Regional PHEP Coordinator must complete every budget period. Some of the original activities from previous budget periods are now their own work plan activity. In all cases, these activities must be completed on or before **June 30, 2020**. In all cases, completion dates will be needed once each housekeeping activity is completed. These completion dates can be recorded on the work plan as part of the quarterly updates.

Output

1. The Regional PHEP Coordinator will complete Housekeeping Work Plan Administrative Requirements 1 through 6 before **June 30, 2020**.

Compliance requirements

1. The Regional PHEP Coordinator will ensure that PHEP-funded staff job descriptions and employee time and effort records are maintained by the local public health department.
 - a. The Regional PHEP Coordinator will record the date this was completed as part of the quarterly work plan updates.

2. The Regional PHEP Coordinator will ensure that all attendance records or course certifications for Preparedness-related (PHEP related) courses are maintained on-site (recommend electronically) throughout the budget period for no less than 5 years.
 - a. The Regional PHEP Coordinator will notate the date this was completed.
 - b. Only those deliverables asked for in previous work plan activities need to be provided to KDHE Preparedness.
3. The Regional PHEP Coordinator will notate the date resource agreements were updated during the budget period.
4. The Regional PHEP Coordinator will ensure that all items purchased with Preparedness funding is correctly recorded in CRMCS.
 - a. This information is to include the storage location and the contact information for the responsible party.
5. The Regional PHEP Coordinator will provide any additional information related to the PHEP Cooperative Agreement if asked for by either KDHE Preparedness or the CDC.
 - a. Additional information requests will be fully explained, and templates provided if required.
6. The Regional PHEP Coordinator will ensure that all fiscal documentation is retained for no less than 5 years.
 - a. This includes any records for capital equipment, as defined in the work plan activity.

3. Summary

This document provides the Regional PHEP Coordinator with the information needed to be successful during this budget period. Communication is key to any successful venture, and this guidance document has provided the information required to be compliant with the new budget period work plan activities.

A few keys points to remember are:

1. **Time management** - A majority of the work plan activities have due dates that are required by the federal project officers. Missing a deadline could result in punitive action being levied against the local public health department.
2. **Document retention** - All documents that are generated as part of the completion of these work plan activities are to be legitimate outcomes that can be requested for review or audit. It is important that these documents be maintained either in a hardcopy or digital form for no less than **5 years**, so they can be called upon to show compliance if needed.
3. **Work plan instructions** - There is an increased burden of validation on KDHE Preparedness to ensure that the Cooperative Agreement funds are being spent to further preparedness. Because of this, instructions need to be carried out as outlined in the work plan and in this document.
4. **Communication** - Local health department administrators are encouraged to contact their coordinator or KDHE Preparedness if they need clarification on an activity or an answer regarding procedure. The Preparedness staff can't answer a question if it is not asked, nor can they guess at what the questions might be. All questions are welcome and will be answered accordingly. If there is a question that can't be answered by KDHE Preparedness, the field project officer will be queried.

As always, KDHE Preparedness stands ready to assist our PHEP partners and outside agency stakeholders in understanding and interpreting the budget period requirements and the work plan activities.

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Table 5

Appendix A

Guidance Document Glossary

Affidavit of Expenditure (AOE) - a template that indicates the partner's intention to spend grant funds and in what manner. These are usually followed up on with invoices to prove that the monies were spent.

Recipient or Pass-Through Entity – the eligible entity (in this case KDHE) that carries out an approved project or activity in support of a public purpose, and not the direct benefit of the government. KDHE manages oversight on this Cooperative Agreement, as well as provides direction and monitors progress of the activity in its entirety.

Budget Period (BP) - a 1-year period that goes from 1 July to 30 June. Five budget periods typically make up one project period.

Centers for Disease Control and Prevention (CDC) – the managing federal agency for the Public Health Emergency Preparedness Program (PHEP), which is part of the Cooperative Agreement.

Compliance - an evaluation that assess an institution's business and financial management systems to ensure that established regulations and policies are being followed by either the institution or its external partners.

Compliance is also the term used to describe KDHE's Preparedness Program's Preparedness Cooperative Agreement Compliance Program and or the Compliance Coordinator.

Compliance in Real Time (CRT) – a real-time monitoring feature of the *Preparedness Cooperative Agreement Compliance Program (PCACP)*, which allows for quarterly reviews of work plan activity progress or review of work plan activities that have a deadline requirement, as defined by the work plan activity and the FOA.

Compliance Audit- an audit of the Administrator's adherence to the programmatic requirements of the work plan and fiscal accountability, as defined by the HPP and PHEP Cooperative Agreement. Audits are conducted quarterly to determine that required programmatic progress is being met with due diligence. The audit can be used as a wide-reaching overview of the Administrator's programmatic and fiscal accountability, or a focused audit that can determine trending for either part of the state or for a certain work plan activity over a work period.

Cooperative Agreement - an agreement in which the federal government provides funding, or a thing of value authorized by public statute and the government plays a substantial role. A cooperative agreement is a form of assistance. It reflects a relationship between the U.S. government and a recipient.

Department of Homeland Security (DHS) - a federal agency designed to protect the United States against threats. Its wide-ranging duties include aviation security, border control, emergency response and cybersecurity.

Department of Health and Human Services (HHS)- a cabinet-level agency in the executive branch of the federal government. Its mission is to enhance and protect the well-being of all Americans by providing effective health and human services and fostering advances in medicine, public health and social services. This

department has jurisdiction over public health, welfare, and civil rights issues and is the highest-level U.S. government body with such jurisdiction.

External Partners- any entity that excepts federal funding under the HPP and PHEP Cooperative Agreement and is charged with preparedness for a Health Care Coalition organization, local public health department, or public health region. These entities will be referred to as administrators.

Federal Emergency Management Administration (FEMA) - an agency of the United States Department of Homeland Security, initially created by *Presidential Reorganization Plan No. 3* of 1978 and implemented by two Executive Orders on April 1, 1979. The agency's primary purpose is to coordinate the response to a disaster that has occurred in the United States and that overwhelms the resources of local and state authorities.

Finding(s) - an identified or observed shortcoming or oversight in fulfilling the requirements of a task, directive, stipulation, policy, or procedure. Findings can either be identified by the administrator as a method of acknowledging (see *gap*) an existing problem or can be discovered by Compliance during the audit process.

Funding Opportunity Announcement (FOA) - a notice in *Grants.gov* of a federal grant funding opportunity. Also known as a **Notice of Funding Opportunity Announcement** or **NoFO**.

Gap - a difference, especially an undesirable one, between two views or situations. Gaps represent challenges to preparedness. Some gap examples are: a lack of manpower, financial shortfalls, time constraints, work priorities, and differing interpretations of available information. The creation of or change to policies and procedures are ways to overcome gaps.

Hospital Preparedness Program (HPP) - a program that provides leadership and funding through grants and cooperative agreements to states, territories, and eligible municipalities to improve surge capacity and enhance community and hospital preparedness for public health emergencies. It also represents the preparedness effort that is conducted at the community hospital level and at the level of a larger healthcare community or coalition.

Homeland Security Exercise and Evaluation Program (HSEEP) - provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. HSEEP exercise and evaluation doctrine is flexible, adaptable, and is for use by stakeholders across the whole community and is applicable for exercises across all mission areas – prevention, protection, mitigation, response, and recovery.

Kansas Department of Health and Environment (KDHE) – the Kansas agency that is the designated pass-through agency for the Cooperative Agreement. KDHE, as the awardee, is charged with executing and managing the requirements of the Cooperative Agreement for the state’s administrators.

Kansas Division of Emergency Management (KDEM) – a division of the Kansas Adjutant General’s office charged with managing disasters within the state. This emergency management entity is defined by state statute as the lead agency in disaster response and recovery.

Notice of Award (NoA) - the legal document issued to notify the grantee that an award has been made and that funds may be requested from the designated HHS payment system or office. The NoA is issued for the initial budget period and each subsequent budget period in the approved project period.

Notice of Funding Opportunity (NoFO) - a notice in Grants.gov of a federal grant funding opportunity. Also known as a **Funding Opportunity Announcement** or **FOA**.

Office of the Assistant Secretary for Preparedness and Response (ASPR) – the lead for the nation’s medical and public health preparedness for, response to, and recovery from disasters and public health emergencies. ASPR collaborates with hospitals, health care coalitions, biotech firms, community members, state, local, tribal, and territorial governments, and other partners across the country to improve readiness and response capabilities.

Preparedness Cooperative Agreement Compliance Program (PCACP) - the evolution of the program formerly known as the *Grants Compliance Review Program* or GCRP. The name change reflects the shift of the preparedness funding being referred to as a “*cooperative agreement*” rather than a “*grant*.” The designation change also marks the changes implemented for the new project period, with the focus now being on programmatic requirements being spread across the budget period rather than at the end of the budget period. **CRT** is the active part of PCACP.

Project Period (PP) - typically a five-year period of work plan covered by the requirements of a single FOA.

Public Health Emergency Preparedness Program (PHEP) - funding that helps health departments build and strengthen their abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events. Preparedness activities funded by the PHEP Cooperative Agreement are targeted specifically for the development of emergency-ready public health departments that are flexible and adaptable.

Recipient or Pass-Through Entity – the eligible entity (in this case KDHE) that carries out an approved project or activity in support of a public purpose and not the direct benefit of the government. KDHE manages oversight on this Cooperative Agreement, as well as provides direction and monitors progress of the activity in its entirety.

Sub-awardee – non-federal entities that expend federal awards received from a pass-through entity to carry out a federal program but does not include an individual that is a beneficiary of such a program. These are usually the organization’s administrator or coordinator.

Training - an organized activity aimed at imparting information and/or instructions to improve the recipient's performance or to help him or her attain a required level of knowledge or skill.

Work Period - see **Budget Period**.

Work Plan - is an outline of a set of goals and processes by which a team, organization, and/or person can accomplish those goals and offering a better understanding of the scope of the project.

Work Plan Activity – the objectives of the work plan. They are comprised of one or more tasks that need to be completed to complete the activity.

Appendix B

References and Resources

From KDHE

The Kansas Department of Health and Environment
<http://www.kdheks.gov/>

KDHE Preparedness
<http://www.KSPrepared.org>

KDHE Preparedness: Exercise Library
<http://www.kdhe-exercises.org/ExerciseLibrary.htm>

KS-HAN: Everbridge Log on
<https://manager.everbridge.net/login>

KS-TRAIN
<https://www.train.org/ks/home>

CRMCS Home page
<http://kansas.responders.us/>

KGMS
<https://khap2.kdhe.state.ks.us/KGMS/Default.aspx>

From the Federal Partners

CDC-RFA-TP19-1901
Public Health Emergency Preparedness (PHEP) Cooperative Agreement
<https://www.grants.gov/web/grants/view-opportunity.html?oppId=310318>

Office of the Assistant Secretary for Preparedness and Response (ASPR)
<https://www.phe.gov/about/aspr/pages/default.aspx>

ASPR-TRACIE (Technical Resources Assistance Center Information Exchange)
<https://asprtracie.hhs.gov/>

The Centers for Disease Control and Prevention
<https://www.cdc.gov>

2019-2020 PHEP Cooperative Agreement CDC-RFA-TP19-1901(PDF) and additional supporting documentation

<https://www.cdc.gov/cpr/readiness/phep.htm>

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